

MONROE CIRCUIT COURT PROBATION DEPARTMENT PRETRIAL SERVICES

INTAKE AND ORIENTATION FORM

You have been directed to report to the Monroe Circuit Court Probation Department for a Pretrial Assessment.

During your initial appointment with the Probation Department, you will be interviewed by a Pretrial Probation Officer. The information you provide will be included in a Pretrial Services Report that will be given to the Court and used, in part, by the Judge to determine whether you should be placed on pretrial supervision conditions in lieu of incarceration, in lieu of bail requirements, in addition to any current bail requirements, or released on your own recognizance.

You will not be asked about, nor should you discuss anything related to, the alleged offense in your pending criminal case(s).

You will be asked about past arrests, convictions, periods of incarceration, failures to appear for court proceedings, employment, residence, drug use, and anything else reasonably related to assure your appearance in these proceedings and/or the safety risk you may potentially pose to the community.

PROBATION DEPARTMENT HOURS

8:00 A.M. – 5:00 P.M. Monday – Thursday

8:00 A.M. – 4:00 P.M. Friday

RECORDING APPOINTMENTS FOR PROBATION OFFICER TRAINING/PRACTICE

Probation Officers (POs) are required to record some client appointments for training and quality assurance purposes. These recorded appointments will be viewed only by authorized probation department staff and other evaluators for the purposes of training, evaluating, and improving performance of probation staff. Clients are not required to be recorded and a client's decision to be recorded, or not, will not be used against them in any way during the course of probation/community supervision. The contents of the recording will remain confidential and considered work product and will not be released to the client, attorneys, or to the general public.

AUTOMATED CALLS/TEXT MESSAGES

Be advised that you may receive automated calls or text message from phone number (812) 558-9115 or (812) 349-2645 that have been generated by Monroe Circuit Court Probation Department to remind you of future events related to Court or probation obligations.

NOTE: You may be required to arrive at your court hearings early to watch a recording notifying you of your rights. *If you are required to arrive earlier to watch a recording, you must attend at the time you were given in addition to the hearing time listed in this message.*

CONFIDENTIALITY REQUIREMENTS

The confidentiality of client records maintained by the probation department is protected by federal and state laws as well as state rules and regulations.

PRETRIAL PROGRAM DEMOGRAPHICS FORM

Name: (First) (Middle) (Last)

Maiden and/or Married Names: Nicknames/Alias/Other Names Used:

Race: Caucasian / White, Black / African American, Multiracial, Asian, American Indian/Alaskan Native, Native Hawaiian or Other Pacific Islander, Other (specify)

Sex: Male, Female, Preferred Pronouns:
OPTIONAL: Gender: Male, Female, Transgender, Non-binary, Other:

Date of Birth: (MM/DD/YYYY) Ethnicity: Hispanic / Latino, Not Hispanic / Latino

Citizenship: US Citizen (Native or naturalized), Non US Citizen

Primary Language: English, Spanish, Sign Language, Arabic, Chinese, Japanese, Korean, Other Language (specify)

Marital Status: Married, Never Married, Separated, Single, Divorced, Widowed, Living together not married

Religion: (optional) Height: Weight:

Hair Color: Bald, Black, Blonde, Brown, Gray, Red, White, Other
Eye Color: Black, Blue, Brown, Gray, Green, Hazel, Other

Place of Birth: Social Security Number:
(City / State)

Other States Resided In: Drivers State & License #

CURRENT / LOCAL ADDRESS: (Number/Street) (Apt/Lot) (City/State) (Zip Code)

Permanent Address: (Number/Street) (Apt/Lot) (City/State) (Zip Code)

Contact Numbers: Cell Text yes no Home Work Number & Extension

Email:

Emergency Contact: (Name / Relationship to Client) (Telephone Number)

SCHOOLS ATTENDED

Please list the name of the school(s) you most recently attended or are currently attending:

High School: (Name of High School / City and State) Start date: End date: Year graduated:

High School Status: Attending / Currently Enrolled, Completed / Graduated, Dropped Out, Expelled

Last High School Grade Completed: 9th, 10th, 11th, 12th
High School Diploma, TASC / GED When and where was it received? Year / City / State

College / Trade School: (Name of College / City and State)

College or Trade School Start date: End date: Year graduated:

College/Trade School Status: Attending/Enrolled, Completed, Graduated, Dropped Out, Pending Admission, Withdrew
Start date: End date: Year graduated: Degree(s): Certificate, Associates, Bachelor's, Master's

EMPLOYMENT STATUS: Full time, Part time, Laid off, Disabled, Homemaker, Unemployed, Retired, Student, Self-Employed (explain):

Current Employer: (Name / Business Name) (Start Date) (Average Hours per week)
(Number / Street Address) (City) (State) (Zip) (Hourly or Annual Income)

MILITARY HISTORY Yes No If YES, current or past? Current Past Branch of Service
Dates of service: to Type of discharge: Do you receive VA benefits? Yes No